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CONFIRMATION NO. 8962

|  |   |  |                                  |  |                           |                                |
|--|---|--|----------------------------------|--|---------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/566,717   | <b>FILING or 371(c) DATE</b><br>02/01/2006<br><b>RULE</b>   | <b>CLASS</b><br>053                                      | <b>GROUP ART UNIT</b><br>3721    | <b>ATTORNEY DOCKET NO.</b><br>02334900314                    |                           |                                |
| <b>APPLICANTS</b><br>Roberto Conti, Imola (Bologna), ITALY;<br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/IB04/02502 07/23/2004<br><b>** FOREIGN APPLICATIONS *****</b><br>BOLIVIA 2003A000474 08/01/2003<br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>06/08/2006 |   |  |                                  |  |                           |                                |
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Verified and Acknowledged <u>/PAUL R DURAND/</u><br>Examiner's Signature                               |   | <input type="checkbox"/> Met after Allowance<br>Initials | <b>STATE OR COUNTRY</b><br>ITALY | <b>SHEETS DRAWINGS</b><br>4                                  | <b>TOTAL CLAIMS</b><br>30 | <b>INDEPENDENT CLAIMS</b><br>2 |
| <b>ADDRESS</b><br>ARENT FOX LLP<br>1050 CONNECTICUT AVENUE, N.W.<br>SUITE 400<br>WASHINGTON, DC 20036<br>UNITED STATES   |   |  |                                  |  |                           |                                |
| <b>TITLE</b><br>Method and apparatus for making pods for products for infusion   |   |  |                                  |  |                           |                                |
| <b>FILING FEE RECEIVED</b><br>2010   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  |                                  | <input type="checkbox"/> All Fees                            |                           |                                |
|  |   |  |                                  | <input type="checkbox"/> 1.16 Fees (Filing)                  |                           |                                |
|  |   |  |                                  | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |                           |                                |
|  |   |  |                                  | <input type="checkbox"/> 1.18 Fees (Issue)                   |                           |                                |
|  |   |  |                                  | <input type="checkbox"/> Other _____                         |                           |                                |
|  |   |  |                                  | <input type="checkbox"/> Credit                              |                           |                                |